Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

	Attorney Docket No. 3656US (95-0028RE)								
Address to:	First Named Inventor Rodney C. Langley								
Assistant Commissioner for Patents	Original Patent Number 5,686,762								
Box Patent Application Washington, DC 20231	Original Patent Issue Date (Month/Day/Year) November 11, 1997								
	Express Mail Label No. EL248174023US								
APPLICATION FOR REISSUE OF: (check applicable box) (Utility F	Patent Design Patent Plant Patent								
APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS								
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. Transfer drawings from Patent File								
Specification and Claims (amended, if appropriate)	8. Foreign Priority Claim (35 U.S.C. 119) (if applicable)								
3. X Drawing(s) (proposed amendments, if appropriate)	9. X Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 X Citations								
4. Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. English Translation of Reissue Oath/Declaration (if applicable)								
5. Original U.S. Patent Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)	* Small Entity Statement(s) (PTO/SB/09-12) Statement filed in prior application, Status still proper and desired								
or Ribboned Original Patent Grant	12. Preliminary Amendment								
Affidavit / Declaration of Loss (PTO/SB/55)	13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
6. Original U.S. Patent currently assigned?	14. Other:								
Yes No									
(If Yes, check applicable box(es))									
Written Consent of all Assignees (PTO/SB/53 or 54)									
37 C.F.R. § 3.73(b) Statement Power of Attorney	37 C.F.R. § 3.73(b) Statement Power of Attorney *A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.								
15. CORRESPONDEN	ICE ADDRESS								
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here): Or X Correspondence address below									
Name Edgar R. Cataxinos									
TRASK, BRITT & ROSSA									
P.O. Box 2550									
	Utah Zip Code 84110-2550								
Country U.S.A. Telephone 8	01-532-1922 Fax 801-531-9168								
NAME (Print/Type) Edgar R. Cataxinos	Registration No. (Attorney/Agent) 39,931								
Signature Willia What.	Date 11/11/00								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

APPLICATION							Docket Number (Optional)			
REISSUE APPLICATION FEE DETERMINATION RECORD					3656US (95-0028RE)					
Claims as Filed - Part 1										
For	Numbe	er Filed in		(3)	Small	Entity		Other than a	a Small Entity	
Claims in For Patent	Reissue	Application	Number Extra		Rate	Fee		Rate	Fee	
Total Claims 37 CFR 1.16(j))	(B)	29	1	9 =	× \$=			x \$ <u>18</u> =	162.00	
•	(D)	6	*	3 =	x \$ =		J ^O 1		234.00	
Basic Fee (37 CFR 1.16(h)) \$									\$ <u>7</u> 60.00	
Total Filing Fee						\$		OR	\$ 1156.00	
· · · · · · · · · · · · · · · · · · ·		ns as Amer	nded							
(1) Claims Remaining		(2) Highest Number		L CXII a L		ntity Other than a		Other than	a Small Entity	
Alter Amendmer	10	Paid Fo	r	Present	Rate	Fee		Rate	Fee	
***	MINUS	**		*	x \$=		or	x \$=		
	MINUS	****		=	× \$ =		0.	× \$ =		
		T	otal	Addition	nal Fee	\$		OR	\$	
rge Deposit Accopy of this shaissioner is here quired, or credit copy of this shahe amount of \$	count No eet is en by autho any ove eet is er	o	large o De to c	any addiposit Acco	in the am tional fees ount No filing / add	ount o s unde 20–1 litional	f r 37 469 fee	7 CFR 1.10	6 or 1.17 which	
	Total Claims 37 CFR 1.16(j)) dependent aims (37 CFR 1.16(i)) Claims Remainin After Amendmen *** *** *** *** *** Discrete Deposit Accessory of this shows the second of this shows the second of the second of this shows the second of the second of this shows the second of the secon	Total Claims 37 CFR 1.16(j)) dependent aims (37 CFR 1.16(i)) Claims Remaining After Amendment *** MINUS *** MINUS O) is less than the entry in (0) Number of Total Claims Presentation of claims er than 20, use (B -A); if "A' nber of Independent Claims arge Deposit Account Note copy of this sheet is entitle and over the entry of the entry over the entry of the entry in (1) Arge Deposit Account Note copy of this sheet is entitle and over the entry over the entry over the entry over the entry of this sheet is entitle and on the entry over the entry of this sheet is entry over the entry of the entry of this sheet is entry over the entry of the entry of the entry of this sheet is entry over the entry of the entr	Total Claims 37 CFR 1.16(i)) dependent aims (37 CFR 1.16(ii)) Claims as Amer Claims Remaining After Amendment *** MINUS *** MINUS *** MINUS *** MINUS *** Total Claims as Amer Claims Remaining After Amendment *** MINUS *** MINUS *** Total Claims Previous Paid Form Number of Total Claims Previously Paid elation of claims er than 20, use (B -A); if "A" is 20 or less on ber of Independent Claims Previously Paid elation of claims er than 20, use (B -A); if "A" is 20 or less on ber of Independent Claims Previously enge Deposit Account No. Example Copy of this sheet is enclosed. Inissioner is hereby authorized to chaulined, or credit any overpayment the copy of this sheet is enclosed. The copy of this sheet is enclosed. The amount of \$ 1156.00	Total Claims (B) 29 Rependent (D) 6 Basic Fee Total Claims Remaining After Amendment MINUS Total Fee Total Claims Previously Paid For Fee Fee Total Claims Previously Paid Fee Fee Total Claims Previously Paid Fee Fee Fee Total Claims Previously Paid Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Total Claims 37 CFR 1.16(j)) dependent (D) 6 3 = Basic Fee (37 CFR 1.16(ji)) Claims as Amended - Part 2 Claims Remaining After Amendment Previously Paid For Present *** MINUS ** = Total Addition Number of Total Claims Previously Paid For is less that elation of claims er than 20, use (B - A); if "A" is 20 or less, use (B - 20). Inber of Independent Claims Previously Paid For or Number of Independent Claims Previously Paid For or Number of Total Claims Previously Paid For or Number of Independent Paid Independent Paid Independent Paid Independent Paid Independent Paid Independe	Total Claims 37 CFR 1.16(j)) Begendent aims (37 CFR 1.16(ji)) Claims (37 CFR 1.16(ji)) Basic Fee (37 CFR 1.16(h)) Total Filing Fee Claims as Amended - Part 2 Claims Remaining After Amendment Previously Previously Present Rate MINUS Total Additional Fee MINUS Total Additional Fee O) is less than the entry in (C), Write "0" in column 3. Number of Total Claims Previously Paid For" is less than 20, Write elation of claims er than 20, use (B - A); if "A" is 20 or less, use (B - 20). Inber of Independent Claims Previously Paid For" or Number of Independent Claims Previously Paid For Total Additional Fee Paid For Total Additional Fee Paid For Total Additio	Total Claims 37 CFR 1.16(j)) dependent sams (37 CFR 1.16(j)) Equation (D) 6 3 = x \$_= =	Total Claims 37 CFR 1.16(j)) Lependent Lims (37 CFR 1.16(j)) Basic Fee (37 CFR 1.16(h)) Total Filing Fee Claims as Amended - Part 2 Claims Remaining After Amendment Highest Number Previously Paid For MINUS Total Additional Fee Ninus Total Additional Fee Sortial Additional Fee Total Additional Fee Sortial Additional Fee Total Additional Fee Sortial Additional Fee Sortial Additional Fee Total Additional Fee Sortial Additional Fee Sortial Additional Fee Total Additional Fee Sortial Additional Fee Sortial Additional Fee Total Additional Fee Sortial Additional Fee Sortial Additional Fee Total Additional Fee Sortial Additional Fee Total Additional Fee Sortial Additional	Reside Application value Catala Rate Fee Rate Total Claims 37 CFR 1.16(ii) Rependent aims (37 CFR 1.16(iii)) Basic Fee (37 CFR 1.16(iii)) Total Filing Fee S OR Claims as Amended - Part 2 Claims Remaining After Amendment Previously Plaid For Present Rate Fee Rate MINUS S Small Entity Other than Rate Fee Rate Total Additional Fee Rate Total Additional Fee OR OR OR Other than Rate Fee Rate Total Additional Fee S OR OR Oscillational Fee S OR Osci	